

REQUEST FOR REIMBURSEMENT AUTHORIZATION - RSA 146-G

A. AUTHORIZATION INFORMATION

Oil Fund Disbursement Board

(1) Type of Project (check one): Connection to Public or Private Water System ☐
Replacement of Private Water Supply Well ☐ Water Supply System Extension ☐ Other ☐

B. PROJECT LOCATION INFORMATION

(1) Project Name (or residence name):
(2) Project Address:
(3) Project Town:
(4) NHDES Project/Site No.:

(Complete Here) _____

C. PAYEE INFORMATION

(1) Contractor, Owner, Vendor or Water Supply Owner Name:
(2) Mailing Address:
(3) Daytime Phone:

(Complete Here) _____

D. PAYEE'S AFFIRMATION STATEMENT

*I declare that the representations made in this Request for Reimbursement Authorization are to the best of my knowledge true and correct.
I agree to reimburse the fund for any payments made to me based upon incorrect information on this form, or incorrect claim submittal information.*

NOTE: ONLY ORIGINAL SIGNATURE ACCEPTED

Payee's Signature - Date Signed

E. REIMBURSEMENT CLAIM SUBMITTAL INSTRUCTIONS

(1) Complete this Request for Reimbursement Authorization form and include it with your first claim submittal.
A separate authorization is needed for each project type.

(2) Include the following for the first and all subsequent claims:

Cover Letter, listing attachments
Summary of Invoiced Expenses
Copy of NHDES Work Scope Approval
Copies of all contractor, subcontractor,
and vendor invoices or AIA requests for payment
Copies of all activity reports, not previously submitted

Copy of direct payment contract, if applicable
Actual cost information for owner-provided
services
Written justification for budget overruns, if
applicable
Request for Waiver letter, if applicable

Return completed form(s) and claims to:

Timothy R. Denison, Supervisor
Fund Management Section
NHDES - WMD
6 Hazen Dr., P.O. Box 95
Concord, NH 03302-0095

If you have questions, call (603) 271-2370.